

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90109 011 \*\*\*\*61.25

**DOCUMENT # N38242**

1. Entity Name

**ORANGE COUNTY MIGRANT YOUTH ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MARSHA JOHNSON  
 434 N. TAMPA AVENUE  
 ORLANDO FL 32805  
 US

1998 PALM LANE  
 ORLANDO FL 32803-1547  
 US

J U L I O 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3038148**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTOPHER, JOSEPH S.**  
**445 WEST AMELIA STREET**  
**ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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<p><input type="checkbox"/> Delete</p> <p><b>D</b>  <b>WALDEN, EDDYE K.</b>  <b>3470 DOMI-FITZ COURT</b>  <b>ORLANDO FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>D</b>  <b>JOHNSON, MARSHA L.</b>  <b>5507 WESTVIEW DR.</b>  <b>ORLANDO FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>D</b>  <b>HERNANDEZ, MARIE R</b>  <b>1998 PALM LANE</b>  <b>ORLANDO FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>P</b>  <b>FREEMAN, CONEY III</b>  <b>7313 SEENA CT</b>  <b>ORLANDO FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
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CR2E037 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like/empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marie R Hernandez, Marie R Hernandez, 1-10-00*